

215047527
70050

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 041	Agency Case No. B5-107194	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 11/17/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 0145	POLICE NOTIFIED 0150	11/17/2015
B	50	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. N 84th St	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
		444.00		X Adams St		
V1/M	05	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M		MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 3 R2 4 R3 1 R4 2	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
F	2	VEHICLE NO. 1				
		DRIVER LICENSE NO.	H12929420	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	1	DRIVER JAMES J BABCOCK		PHONE 402-770-4063	LOCAL NO.	
V2/N		DRIVER ADDRESS 2009 S 47th St, LINCOLN, NE 68506		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	04/20/1986
G	4	OWNER JAMES J BABCOCK		PHONE 402-770-4063	LOCAL NO.	
		OWNER ADDRESS 2009 S 47, Lincoln, NE 68506		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H	2	LICENSE PLATE PA NO.	TJX575	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	1	VEHICLE	2006	MAKE Toyota	MODEL Corolla	BODY STYLE 4 door Sedan
V2/O		VEHICLE ID NO. (VIN)	1NXBR30E16Z675445	COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 100	
		TOWED TO		TOWED BY	INSURANCE COMPANY State Farm	
					POLICY NO. 0860974272	
I	2	VEHICLE NO. 2				
		DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	1	DRIVER		PHONE	LOCAL NO.	
V2/P		DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
J	01	OWNER		PHONE	LOCAL NO.	
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q	4	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)
V2/Q		VEHICLE		MAKE	MODEL	BODY STYLE
		VEHICLE ID NO. (VIN)		COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	
K	01	TOWED TO		TOWED BY	INSURANCE COMPANY	
					POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107194



Indicate
North
by Arrow

POI: 444' S of S curb Adams
 16' E of W curb N 84th St
 N 84th St: 67' 6"
 Diagram not to scale
 Measurements are approximate and in feet

POI (barricade)

To Adams

N 84th St

To Windmill

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 said he was driving V1 SB on 84th St from Adams at approximately 20mph in the inside lane. D1 said because of the rain he did not see a 'road closed' sign that had blown partially into the inside lane from the outside lane. D1 said he attempted to brake, but his vehicle slid into the sign and ran over it. V1 had minor damage to the front. Ofc advised D1 to slow his vehicle for inclement weather and road conditions.

PROPERTY	OBJECT DAMAGED road closed sign	OWNER NAME MTZ Construction 404 Hill St, Lincoln, NE 68506	ADDRESS	PHONE 402-890-7062	APPROX. COST OF DAMAGE \$ 50
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME _____ ADDRESS _____				PHONE _____
	NAME _____ ADDRESS _____				PHONE _____

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2				
1		X			N 84th St								4		2		1		1				
2									POINT OF IMPACT		POINT OF IMPACT						Driver No. 1		Driver No. 2				
1	01				06 Turning left				MOST DAMAGED AREA		MOST DAMAGED AREA		1		2		Y		Y				
2					08 Entering traffic lane				01				4		2		N		N				
					09 Leaving traffic lane				00 None		02		03		04		ALCOHOL/ DRUGS SUSPECTED						
					10 Parked				09 Top & windows		01		05		06		1 Driver No. 1						
					11 Slowing or stopped in traffic				10 Undercarriage		08		07		06		2 Yes - alcohol suspected						
					12 Other				11 Total (all areas)								3 Yes - drugs suspected						
					13 Unknown				12 Other								4 Yes - alcohol & drugs suspected						
																	5 Unknown						
OFFICER NO. 1701					TROOP/ TEAM/ BEAT 2					DEPARTMENT Lincoln Police Department										Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) Matthew Lesiak										INVESTIGATOR SIGNATURE Approved by Officer Matthew Lesiak										DATE OF REPORT 11/17/2015			